



redefining / insurance

CLAIM REF : S8M007MZ  
INSURED : WONG JAAN WOON

**DISCHARGE VOUCHER**

We/I, PIXELPAK, CO.REG.NO. 53119734D hereby agree to accept the sum of dollars **FOUR THOUSAND EIGHT HUNDRED THIRTY SIX AND CENTS FORTY FIVE ONLY (\$\$4,836.45)** paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal ~~injuries~~ and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. SKN 7441K as a result of an accident along TELOK BLANGAH ROAD on 20/01/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKN 1339M.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SKN 7441K in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SKN 7441K.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2018

Claimant's Signature : \_\_\_\_\_

NRIC no./ Company Stamp : \_\_\_\_\_

Occupation/ Business : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Witness's Name : LIT BENG HING

Witness's Signature : \_\_\_\_\_

Witness's NRIC No. : 76292200

**ETHICARZ PTE LTD**

56 Loyang Way #04-04  
Loyang Enterprise Building  
Singapore 508775

Main: 6384 4404 Fax: 6384 0444  
Email: reporting@ethicarz.sg